

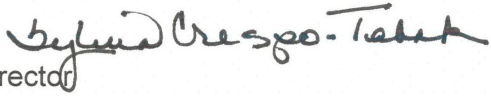


MIAMI BEACH

HUMAN RESOURCES DEPARTMENT

## MEMORANDUM

TO: All City Employees

FROM: Sylvia Crespo-Tabak   
Human Resources Director

DATE: November 8, 2013

SUBJECT: 2014 Annual Open Enrollment Period for Medical, Dental, and Other Benefits

The 2014 annual open enrollment period begins Tuesday, November 12, 2013 and ends Tuesday, November 26, 2013, at 4:00 P.M. **Note: These dates are different from those announced in the benefit election statement.**

The annual open enrollment period is the time for you to make any changes for the 2014 plan year to the benefit options you selected in the past. We are providing you with the information you need to review in order to ask questions and select the options that best suit your individual situation.

If you do not want to make any changes to your plan elections or dependent coverage, you do not need to complete an enrollment form; your benefits will continue as is, uninterrupted.

As always, there is one exception to the rule. If you currently contribute to a medical or dependent care flexible spending account and wish to continue your contribution in the 2014 plan year, you **MUST** complete a new flexible spending account (FSA) enrollment form to continue those contributions during the 2014 plan year. This is true even if you are not making changes. You may obtain a blank form from the Human Resources Department or from the Fish Tank under *Forms Central*. The completed forms are due to the Human Resources Department on or before November 26, 2013, by 4:00 P.M.

**REMEMBER** – Under the Affordable Health Care Act, effective January 1, 2014, everyone is required to have health care insurance or be assessed a tax penalty. The penalty for not obtaining health care insurance is \$95 in 2014 and will increase in subsequent years. If you do not qualify for coverage through the health insurance marketplace, you may wish to consider obtaining health care coverage through the City. Also pursuant to the Affordable Health Care Act, your dependent children may be covered under your health insurance plan through the calendar year of their 26<sup>th</sup> birthday.

In addition to the provisions of the Affordable Health Care Act, in October 2008, the State of Florida legislature mandated that all group health plans provide coverage to enrolled employees' non-dependent adult children until the adult child reaches the age of 30.

Pursuant to Florida law, group health insurance coverage for non-dependent adult children is available under the following eligibility guidelines:

The non-dependent adult child:

- Was insured as a dependent child under the City of Miami Beach group health policy

- until the end of the calendar year in which the adult child reaches age 26;
- Is unmarried and does not have any dependents of his or her own;
- Is a resident of Florida, or a full or part-time student; and
- Has no other coverage under any group health insurance policy, health insurance policy, or individual health benefits plan, including Medicaid.

Coverage for non-dependent adult children can continue until the:

- Last day of the calendar year in which the non-dependent adult child reaches age 30, or
- Non-dependent adult child no longer meets the eligibility requirements.

Over-age dependents must be enrolled in the same health plan as the employee. Employees electing to provide group health care coverage for their over-age children assume the full premium cost of the coverage under the plan. The full premium cost is the total of the employee share and the City subsidy of the monthly premium for the coverage elected. This premium will be deducted from your pay check, after-taxes, and separate from the deductions for your health care coverage.

### **Medical Plans**

The City has made every effort to continue to provide a comprehensive benefits package that is affordable for both you and the City. The 2014 plan premiums for employees and the City are included with your enrollment information. Changes are illustrated in the table below:

<u>Plan</u>	<u>2014 Premium Change</u>
Premium HMO	48.6% increase
Standard HMO	21.3% increase
Premium PPO	29.0% decrease
Standard PPO	5.5% decrease
POS	35.7% increase

The City's premium subsidy for active employees remains at 50% for the Premium PPO and POS plans. There is a premium subsidy decrease for the Standard PPO plan from 75% to 50% for "employee only" coverage and from 60% to 50% for "family" coverage.

For the Premium HMO, the City's subsidy increased from 50% to 54% for both "employee only" and "family" coverage. The City's subsidy for Standard HMO premium subsidy increased from 60% to 77% for "employee only" and from 60% to 67% for "family" coverage.

### **Dental Plans**

The Safeguard DHMO plan incurred a premium increase of 11% and the MetLife PPO plan incurred a premium increase of 4%. The 2014 dental plan premiums reflecting these increases are included in the enrollment information.

### **Life and Disability Plans**

There are no changes in the plan coverage or premiums for the basic life, supplemental life and dependent life, or the short and long-term disability insurance programs.



Should you have any questions regarding your plan options, please contact your benefits technician in the Human Resources Department. They are available Monday through Friday, from 9:00 A.M. to 4:30 P.M., by appointment. Please call the appropriate benefits technician listed below to schedule an appointment.

<b>If your last name begins with:</b>	<b>Your benefits technician is:</b>	<b>Extension:</b>
A – F or SAN – Z	Sandra Dellacasa-Diaz	6536
G – SAM	Michael Fritz	6393

While serving our customers well is of utmost importance to everyone in the Human Resources Department, please keep in mind that if you elect to stop by the department without an appointment, you may have to wait. We will give preference to those employees who made an appointment and we will expend every necessary effort to be on time for everyone.

### **Voluntary Benefit Plans**

Employees who are interested in learning more about the voluntary benefit plans available through Trustmark and Colonial Life need to contact the plans directly. These voluntary benefit plans options include:

- Trustmark Universal Life Insurance
- Trustmark Accident Insurance
- Trustmark Critical Illness Insurance
- Colonial Life Accident Plan
- Colonial Life Hospital Plan

### **Trustmark Voluntary Benefit Plans – Important separate enrollment period information**

Employees specifically interested in enrolling in any of the Trustmark voluntary plans have until 5:00 P.M., Monday, December 16, 2013. This extended enrollment period, specifically and only for Trustmark voluntary plans, is due to the fact that their representatives are only available to assist employees from Tuesday, December 3, 2013, through Friday, December 13, 2013, from 9:00 A.M. to 5:00 P.M. Trustmark representatives can be reached at 1-855-874-0230. The Trustmark plan representatives will be able to answer any questions you may have regarding coverage options and will assist you in completing your enrollment in any of the Trustmark plans.

### **Colonial Life Voluntary Benefit Plans**

The Colonial Life plan specialist will be available in the 3<sup>rd</sup> Floor of City Hall, Human Resources Conference Room, beginning Monday, November 18, through Friday, November 22, 2013, from 9:00 A.M. to 5:00 P.M.

The specialist will be available to answer your questions and help you enroll in any of the plans they offer.

### Other 2014 Enrollment Facts

- **You must provide** the date of birth and social security number for all of your dependent(s) if you wish to add a spouse, registered domestic partner or child to your coverage for 2014. Pursuant to Federal law, health care plans must have the social security numbers of all your dependent(s) enrolled in the plan. In addition, you must provide supporting documentation proving the individual is your dependent, i.e. birth certificate for a child or a marriage license for a spouse.
- The effective date of the benefit options you select during the 2014 annual open enrollment period is January 1, 2014.
- **ID Cards** should be provided by January 1, 2014, if you elected coverage in the Humana Medical Plan for the first time or changed your plan election.

IF YOU WANT TO MAKE **ANY** CHANGES TO YOUR MEDICAL, DENTAL PLAN, OR OTHER BENEFIT, YOU MUST COMPLETE THE 2014 ENROLLMENT FORM AND RETURN IT TO THE EMPLOYEE BENEFITS DIVISION IN THE HUMAN RESOURCES DEPARTMENT NO LATER THAN:

**4:00 P.M., TUESDAY, NOVEMBER 26, 2013**

**2014 ANNUAL ENROLLMENT FORMS ARE AVAILABLE ON THE FISH TANK UNDER FORMS CENTRAL AND AT THE EMPLOYEE BENEFITS DIVISION, HUMAN RESOURCES DEPARTMENT, 3<sup>RD</sup> FLOOR, CITY HALL.**